Journal of Pharmaceutical and Scientific Innovation
www.jpsionline.com
Research Article

FEEDING BEHAVIOR AND EATING PATTERN OF SELECTED NEUROLOGICAL PATIENTS

Bhoi S.[1]*, Jogalekar A.[2], Varma V[2]
[1]Research Scholar, Govt. D. B. Girls P.G. College Raipur, Chhattisgarh, India
[2]Professor of Home Science, Govt. D.B. Girls P.G. College Raipur, Chhattisgarh, India
*Corresponding Author Email: sbsavitabhoi@gmail.com
DOI: 10.7897/2277-4572.035193

Received on: 15/08/14 Revised on: 08/09/14 Accepted on: 04/10/14

ABSTRACT
Neurological disorder is state of physical as well as mental damage. Neurological disorders begin with significant limitation of intellect or cognition and poor adaptation to the demands of every day of life. The purpose of the present study is to observe the feeding pattern and meal managements of selected hospitalised patients. 150 Neurological Disorder patients were selected from the different hospitals of Raipur city, Chhattisgarh, India. A pre tested individuals data sheet (IDA) was used to collect the information's regarding feeding Behaviour feeding difficulties of neurological patients. The result of the present study Reveals that feeding problems are extremely common (75 %) among the (ND) Patient. The study recommends such types of patients should be monitored properly. Feeding problems of such patients should be treated as early as possible, so that patient can grow physically and neurologically well.
Keywords: Neurological patient, diet, feeding schedule, feeding pattern hospital.

INTRODUCTION

Neurologically Disorder is a state of development of Retardation, Beginning in physical and mental damaged body the poor consumption and insufficient quantities of food results in excessive weight loss, mal -nutrition, growth retardation, developed in pedal oedema and lethargy, that result in significant limitation of intellect or cognition and poor adoption to the demands of life, theses limitations causes the person to be less able to communicated with others, to take care of himself or intelligence. (25 %) paralysis patients, Silent of voice more than mental stress, neurological disorder (ND) is one of the major clinical and socially relevant conditions that[1].

The deleterious effect of early malnutrition on later intellectual development in patient in development countries, has been clearly documented[2] through several researches, it has been also said that every mentally challenged patients are at a high risk for mal nutrition[3] Malnutrition among these patients affects their nutritional status and overall development. Neurological disorders increase the physical problems, deteriorate mental functions and enhance cerebral oedema and cerebral palsy. Food selectivity, mealtime aggressiveness, and insufficient feeding skills are common problems observed among neurologically disorders patients[4].

It include inadequate nutrient intake, due to poor feeding techniques, gross motor self feeding impairment, swallowing difficulties, Regurgitation, and poor gastro – oesophageal reflux, limited appetite in dejection, food aversion and food refusal, and coughing, choking or vomiting during eating, obesity and no activity or low activity enhance constipation, pedal oedema. Nutrient drug interaction and some food allergies were also reported common among neurological disorder patient. Feeding problems in such patients reduce food consumption, so these patients and their family members need regular dietary counselling to counter the food intake[5].

Studies based on neurological problems are very few in India. Keeping this view in mind the present study was designed to understand the feeding behaviour and eating pattern of mild to severally neurological disordered patient in order to assess their nutritional status and to find out the limiting factors leading to malnutrition in (ND) patient. Such study will be a useful tool for developing community based Rehabilitation programs for the neurologically disorders[6].

MATERIALS AND METHODS

An observational study was planned to understand the dietary habits and feeding problems of neurologically disorder patient. The study was carried out on ND patient (age 20-40) years in Raipur city, Chhattisgarh, India.

150 Neurologically disorder patient were selected for the study using random sampling. A pre tested Individual Data Sheet (IDS) was administered amongst the patient, their relatives, family and to the caretakers of the patients. Individual Data Sheet (IDS) consisted information of the subjects age, sex, level of neurologically disorder, presence of associated problems and information about the amount and type of feeding and food that the patient eat, the degree of dependency on a caregiver and the length of a topical meal, ability to self- feed the amount of spilling, signs, of motor dysfunction such as delayed dingers of frequency and percentage were calculated from the data.

RESULTS

The result of feeding behaviour an oral feeding pattern, are presented in Table 1-3.

Table 1 depicts the age sex distribution of the subjects. All the subjects were divided into four age groups i.e. to 20-25 years, 25-30 years, 30-35 years, and 35-40 years. The percentage of patient in 20-25 years was 26 with Breakup 50 % male and 50 % female. The % of patient 25-30 years group was 33 with a Breakup of 38 % male and 62 % female, similarly in the age group of 30-35 years the total number was 23 % with Breakup of 71 % male and 60 % of female. In the age group of 35-40 years of age, out of 17, 40 % male and 60 % female.

Table 2 shows the distribution of objects as per the degree of disorders. In the groups 66 (44 %) patients had mild neurological problem, out of 150 and 37 (24.66 %) had

moderate neurological problem, out of 150 and suffering from 47 (31.34 %) severe neurological problems.

Table 3, Shows the difficulties of the patients. The result shows that 70 % neurological patients were able to indicate their hunger, similarly. 42 % patients were able to liquid and soft diet and 60 % patient's rest of was in general fussy about Food and Water intake was less than normal. 40 % patients defaulting in swallowing and 50 % patients were tendency to spit- out and 10 % vomit out the food and 67 % patients were able to consume food on his oneself dependents.

Table 1: Age and Sex Distribution of Selected Subjects

Age in years	No. of patient	%	Male	%	Female	%
20-25	40	26.6	20	50	20	50
25-30	50	33.4	19	38	31	62
30-35	35	23.4	25	71	10	29
35-40	25	16.6	11	44	14	56
Total	150	100	75		75	

Table 2: Distribution of Objects as per the Degree of Disorders

Age in year N = 150	Degree of neurological patients							
	Mild		Moderate		Severe			
	N	%	N	%	N	%	N	%
20-25	10	6.67	10	6.66	20	13.33	40	26.66
25-30	15	10.00	15	10.00	20	13.33	50	33.34
30-35	31	20.66	2	1.34	2	1.34	35	23.34
35-40	10	6.67	10	6.66	5	3.34	25	16.66
Total	**66**	**44**	**37**	**24.66**	**47**	**31.34**	**150**	**100**

Table 3: Eating Pattern of Neurologically Disorder Patients

Eating pattern	Yes	NO	Some times
Depending on the feeding	70 %	30 %	0
Able to indicate when full	40 %	60 %	0
Able to consume food on his own	67 %	33 %	0
Likes consume liquid / soft food better	42 %	58 %	0
Likes eating solid food better	60 %	40 %	0
Difficulty in swallowing	60 %	40 %	0
Tendency to spit out food	50 %	50 %	0
Tendency of vomit out food	10 %	50 %	40
In general fussy about food	60 %	40 %	0
Frequent stomach upsets	66 %	34 %	0
Takes normal time to finish meals	83 %	17 %	0
Does he or she properly	25 %	75 %	0
Water intake normally	34 %	66 %	0

DISCUSSION

The present study shows that feeding behaviour problems neurological disorder – were queerly poor food selection and swelling difficulties, regurgitation, limited appetite, food aversion etc.[7] are some contributing factors to the consumption of insufficient status of the neurological patients.

This study found that the factors contributing to the neurological disorders patients, include inadequate nutrition intake due to feeding techniques, gross motor self feeding impairment, swelling difficulties, regurgitation, and gastro- oesophageal Reflux, and coughing choking or vomiting during eating the percentage of the patients unable to self feed was found higher in the present studies. It was observed that most patients were dependent on the parents and the caretaker for their food.

A study was reflecting that neurological patients are unable to communicate their hunger, food preferences, and satiety[8].

Caretakers spent the time for feeding the patients. It can be calculated that feeding abnormalities the major limiting factor leading to malnutrition in neurological disordered patients since neurological disordered patient are totally dependent for food consumption, caretakers may be very useful to counter the intake deficit.

This paper highlights the need for intervention in feeding problems, where or not they are life they particularly in view of their effect, upon quality of life both the patients and this family.

REFERENCES

1. Sanchez Lastres JM *et al*. The impact of socio-familial factors on nutrition status in mentally retarded patient Rev Neurol 2002; 34: 1001-1009.
2. Dobbing J *et al*. Consequences of the malnutrition for intellectual development in scientific studies Mental Retardation Macmillan press, London; 1984. p. 233-2504.
3. Marais ML *et al*. The mentally disabled – a responsibility and a challenge, SAJ Clinical nutrition 2000; 13: 4.
4. Kuhn DE *et al*. Assessment of feeding and mealtime behaviour problems in persons with retardation behaviour problems in persons with retardation Behaviour modification 2004; 28: 638-648. http://dx.doi.org/10.1177/0145445503259833
5. Rillis M *et al*. Energy and Nutrition intakes of neurological patients: do feeding problems make a different, J. Am diet Assoc 1999; 91: 1522-1525.
6. Sanchez Lastres JM *et al*. Nutritional status of mentally retarded patients in northwest Spain biochemical indicators Act. Paediatric 2003; 92: 928-934.

7. Reyes Ro *et al*. Posttraumatic stress disorder in anorexia nervosa, Psychosomatic Medicine 2011; 73 (6): 491–7. http://dx.doi.org /10.1097/PSY.0b013e31822232bb

8. J Rose *et al*. Energy cost index as an estimate of energy experimental of cerebral- palsied, patients during assisted ambulation. Dev Med patient Neurol 1985; 27: 485-90. http://dx.doi.org/10.1111/j.1469-8749.1985.tb04572.x

Source of support: Nil, Conflict of interest: None Declared

QUICK RESPONSE CODE	ISSN (Online) : 2277 –4572
	Website http://www.jpsionline.com

How to cite this article:
Bhoi S., Jogalekar A., Varma V. Feeding behavior and eating pattern of selected neurological patients. J Pharm Sci Innov. 2014;3(5):451-453 http://dx.doi.org/10.7897/2277-4572.035193